

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES  
ADMINISTRATION

CENTER FOR SUBSTANCE ABUSE TREATMENT  
CENTER FOR MENTAL HEALTH SERVICES

COOPERATIVE AGREEMENT FOR A NATIONAL CENTER FOR MENTALLY ILL AND  
SUBSTANCE ABUSING YOUTH AND ADULTS INVOLVED WITH THE JUSTICE SYSTEM

Short Title: **Co-Occurring and Justice Center**

Guidance for Applicants (GFA) No. TI 00-007

Part I—Programmatic Guidance

Catalog of Federal Domestic Assistance No. 93.230

Under the authority of Section 501(d)(5) of the Public Health Service Act, as amended (42 USC 290aa), and subject to the availability of funds, the SAMHSA Center for Substance Abuse Treatment will accept applications in response to this Guidance for Applicants for the single receipt date of July 21, 2000.

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## **Part I—PROGRAMMATIC GUIDANCE**

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[Note to Applicants: In order to prepare an application, Part II, “General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements” (February 1999 edition), must be used in conjunction with this document, Part I, “Programmatic Guidance.”]

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## **Section I - OVERVIEW**

The “Cooperative Agreement for a National Center for Mentally Ill and Substance Abusing Youth and Adults Involved With the Justice System” seeks to support knowledge application and systems change initiatives toward the implementation of effective integrated treatment interventions for youth with serious emotional disorders and substance abuse and adults diagnosed with mental illness and substance abuse disorders involved with the justice system. This will be accomplished through the development and use of a complete range of information, products, technical assistance and training for professionals in communities and nationally on the design, implementation and operation of comprehensive systems of integrated mental health and substance abuse services for these populations.

### **PURPOSE**

The Center for Substance Abuse Treatment (CSAT) and the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), announce the availability of funds for a cooperative agreement for a Co-Occurring and Justice Center. This program will support knowledge application and systems change initiatives toward the implementation of effective integrated treatment interventions for youth with serious emotional disorders and substance abuse and adults diagnosed with mental illness and substance abuse disorders involved with the justice system (hereinafter referred to as youth and adults with co-occurring disorders involved with the justice system).

This program, hereinafter referred to as “Co-Occurring and Justice Center” solicits applications for a cooperative agreement that will develop and implement a comprehensive program of knowledge application and technical assistance strategies in promoting organizational and systems change. The purpose of this program is to provide, at both the community and national levels, information and technical assistance that enable professionals and organizations to improve service delivery within systems, and to effect system change where needed. This program does not provide direct services to clients.

This cooperative agreement program has been announced in response to the increasingly serious problem of youth and adults with co-occurring disorders becoming involved with the justice system. This cooperative agreement is a collaboration between several Federal agencies: the two centers within SAMHSA: CSAT and CMHS; and components of the Department of Justice: the National Institute of Corrections, the Office of Justice Programs, and the Office of Juvenile Justice and Delinquency Prevention. Substantial post-award involvement of representatives of these government agencies is needed to meet the goals of the Co-Occurring and Justice Center. This level of involvement necessitates the use of the cooperative agreement mechanism.

## **ELIGIBILITY**

Applications may be submitted by public and private domestic nonprofit and for-profit entities such as professional associations, governmental units, universities, colleges, community-based organizations, and hospitals.

## **AVAILABILITY OF FUNDS**

It is estimated that up to \$1.2 million will be available to support one award under this GFA in fiscal year 2000.

## **PERIOD OF SUPPORT**

Support should be requested for a period of up to three years. Annual awards will be made subject to continued availability of funds and progress achieved.

# **Section II - PROGRAM DESCRIPTION**

## **BACKGROUND INFORMATION**

The population of youth and adults with co-occurring disorders involved with the justice system is increasing dramatically. Recent statistics for adults show that approximately 1.8 million individuals are currently incarcerated in our nation's jails and prisons, representing an increase of 127% since 1985. In addition, nearly 4 million people are on probation and parole (Bureau of Justice Statistics, 1999). At any give time, 10 to 20 percent of the jail and prison populations have serious mental illnesses that require treatment (Bureau of Justice Statistics, 1999). Of those, 70 to 80 percent have substance abuse treatment needs (Teplin, 1994). Similar estimates apply to adults involved with community corrections. These individuals are disproportionately minorities, poor, and vulnerable to homelessness, serious health problems and unemployment. They continue to cycle through the justice and health care systems, returning repeatedly to jail, at high cost to Federal, State and local agencies. Precise prevalence information about youth with co-occurring disorders involved with the justice system is not readily available. Behavior by youth with co-occurring disorders often cause them to become involved with the juvenile justice system. As with adults, there are substantial gender differences. For example, adolescent girls in the general population have higher rates of depression, and attempt suicide more often (Prescott, 1997).

Adults and youth with co-occurring disorders involved with the justice system have a remarkable array of problems and needs, and appropriate treatment approaches are necessarily complex and sophisticated. Appropriate programmatic solutions require developing legal, administrative, and services integration approaches that draw from several disciplines, requiring high levels of coordination and linkages between professions and systems unused to working closely together. Few mental health, substance abuse and criminal justice services providers have the training and

knowledge to design and implement these integrated, complex programmatic solutions.

This lack of training and knowledge is evident despite a recent growth in the body of research outcomes and programmatic information that have become available in the fields of mental health and substance abuse services, but are just beginning to be put into practice. This information has a strong potential to influence the scope and the manner of delivery of treatment services provided in jails, prisons, and community corrections. Further, new systems integration and program models can help meet the important public health goals of diverting persons with co-occurring disorders from the justice system and minimizing involvement with the justice system when it cannot be avoided. Commonly, efforts to educate and provide training on research findings target professional or trade publications. However, these issues cut across traditional boundaries and, if they are to be successfully addressed, must involve a collaborative effort among mental health and substance abuse treatment providers, corrections, the community, consumers, and family members.

In an effort to find ways to improve the delivery of services to people with mental health and substance use disorders who are in contact with the justice system, the National GAINS Center for People with Co-Occurring Disorders in the Justice System was created in 1995. (GAINS stands for Gathering information, Assessing what works, Interpreting the facts, Networking with key stakeholders, and Stimulating change.) The GAINS Center was established as a collaboration between several Federal agencies: the two centers within SAMHSA: CMHS and CSAT; and components of the Department of Justice: the National Institute of Corrections, the Office of Justice Programs, and the Office of Juvenile Justice and Delinquency Prevention. Most of the efforts of the GAINS Center will be continued through this GFA. The principal focus of the GAINS Center has been on the design, implementation and operation of integrated mental health and substance abuse services at key points in the criminal justice system: law enforcement, jails, prisons, probation and parole. The Center works with national experts, policy makers, practitioners, researchers, consumers and family members to gather the best available information on the coordination of treatment services in criminal justice settings. Once the information is collected, the Center relies on a variety of methods to promote the development of effective solutions that can be put to immediate use. For more information on the National GAINS Center, please view its website at [www.prainc.com/gains](http://www.prainc.com/gains).

From 1995 through 1998 the National Institute of Corrections, Department of Justice, was the lead agency for the National Gains Center. Beginning in 1999, CSAT became the lead agency. Throughout the initial years of the of GAINS Center's operation, efforts focused primarily on establishing a core set of operating principles, and testing and refining strategies for stimulating change. Subsequent activities have focused on fostering the development of innovative local initiatives, establishing relationships with Federal agencies, national organizations and other key stakeholders, and increasing awareness of the issues facing people with co-occurring disorders in the justice system. While the GAINS Center has had success, there is still much more that can be done to promote the further development of integrated strategies for people with co-occurring disorders in the justice system. While essential, ongoing activities already initiated should continue, many of the expanded and new activities proposed for this GFA will support efforts to sustain and institutionalize key GAINS principles and achievements into the future.

This past Federal programmatic experience in this area has indicated the effectiveness of many of the above-described approaches in assisting jails in establishing pre- and post-booking diversion programs to provide integrated community based services for offenders in lieu of going into or remaining in jail. Jail professionals have been guided in this process by identifying potential users by use of various “readiness of change” profiles, facilitated learning strategies such as regional forums, intensive follow-up and technical assistance facilitation, and strategic alliance building through purposeful use of networks. This GFA is designed to build upon that existing set of experiences.

New vehicles of knowledge application and systems change must be developed, and more traditional vehicles must be used in customized, creative ways. Just as important, information must be organized in a variety of ways, at different levels of complexity, to meet the various knowledge needs of stakeholders and target audiences, while also addressing the different learning styles and capabilities of these stakeholders and target audiences. While a range of information dissemination and training techniques and methodologies should be considered, emphasis should be placed on using the most cost-effective and successful approaches.

## **TARGET POPULATIONS**

This GFA has primary and secondary target populations. The primary target populations include governmental and non-governmental professionals at the Federal, State, and local levels who are responsible for planning and providing substance abuse and mental health services for youth and adults involved with the justice system; family members; and related advocacy groups who are trying to increase their direct involvement in the justice system. The secondary target populations include those who benefit from the increased skills of the primary target population professionals, namely youth and adult consumers, and their family members.

## **PROGRAM PLAN**

### **Goals**

- Work with national experts, policy makers, practitioners, researchers, consumers and family members to gather, assess, and organize the best available information about substance abuse and mental health treatment services for youth and adults involved with the justice system, and integrated systems of service delivery.
- Identify existing public health models and principles and apply them to the justice environment in order to help practitioners use methods to divert youth and adults with mental health and substance use disorders in the justice system away from the system, to improve the delivery of services to those in the justice system, and to minimize involvement whenever possible.
- Identify a comprehensive program of knowledge application and systems change strategies toward building and integrating mental health, substance abuse, and justice interventions for use by practitioners when they provide services to juveniles and adults with co-occurring disorders who come into contact with the justice system.

- Provide a complete range of information, products, technical assistance, and training to a variety of groups of potential users who have demonstrated readiness for change on the design, implementation, and operation of comprehensive systems of integrated mental health and substance abuse services:
  - S at all key points in the justice system including, but not limited to, law enforcement, jails, prisons, detention centers, probation and parole, and
  - S for youth with co-occurring disorders at high risk of becoming involved with the justice system.
- Focus efforts in two broad categories, the national and community levels, respectively.

## **Design**

The approach taken to achieve the purpose, goals, and needs of the target populations must build on the accomplishments to date, continuing and, where appropriate, expanding current National Gains Center activities viewed as effective, and adding new activities to respond to changes in scope and new developments in strategies for knowledge application and systems change.

The Co-Occurring and Justice Center is expected to continue and build on a sophisticated, comprehensive information collection, technology transfer and technical assistance strategy. The purpose of the strategy is to provide information and skills in ways that cause people and organizations to change their behaviors and practices, implementing effective programming for youth and adults with co-occurring disorders involved with the justice system. This strategy requires an understanding of what motivates people and organizations to change, how to develop information and training that addresses different learning styles and capabilities, and how to develop strategic alliances with key stakeholders to leverage scarce resources. The strategy must also identify and use the technology transfer techniques that are most cost-effective. New vehicles of dissemination and training must be developed, and more traditional vehicles must be used in customized, creative ways. Listed below are methods that must be used.

### *Gather and Organize Information*

Working with national experts, policy makers, practitioners, researchers, consumers and family members, the grantee must continue to gather and organize the best available information about substance abuse and mental health treatment services, and systems of service delivery, in justice settings.



## *National Technology Transfer and Technical Assistance*

National technology transfer and technical assistance focuses on either a) technology transfer and technical assistance available throughout the nation or b) technology transfer and technical assistance for national organizations. National technology and technical assistance activities will include:

- Product Development - Develop a variety of technical assistance publications and documents on an array of critical issues identified by the Co-Occurring and Justice Center and its constituents. These documents will be developed in a variety of user-friendly formats in the following quantities:

- S 2 page fact sheets - 4 per year,
- S brochures - 1 per year,
- S monographs - 1 per year,
- S program briefs - 4 per year, and
- S newsletters - 4 per year.

Most of these documents will be packaged in a clearly defined publication series that communicates the Federal multi-agency nature of this effort.

- Best Practice Identification and Communication - Continually review and analyze the new literature, distilling and communicating to the field best practices and important research developments. This information can be collected in hard copy and on the Co-Occurring and Justice Center's web site for distribution in response to requests.
- Web Site - Continue a multi-faceted web site containing, among other things, 1) copies of all products prepared by the Co-Occurring and Justice Center, 2) interactive communication approaches, 3) on line technical assistance, 4) a best practice "page," and 5) links to other sites.
- Toll Free Number - Continue a national toll free line to answer questions and take orders for publications. Expect 5,000 calls per year.
- Training Modules, and Training of Trainers - Develop 2 training modules for selected topics that may be adapted to a variety of settings, and provide training for persons who will then deliver the training.
- National Professional Association Initiatives - Work collaboratively with 3 - 5 national associations to expand professional awareness of issues involving people with co-occurring disorders within the justice system, supporting presentations and training workshops targeted to front-line practitioners and direct care staff at key association meetings across the country.

- Mentor Systems and Sites - Identify jurisdictions with integrated systems and programs that are effective in providing services to substance abusing youth and adults with mental illnesses involved with the justice system. Collaborate with these systems and sites, using them as mentors for other jurisdictions.

#### *Local Technology Transfer and Technical Assistance*

- Community System Improvement - Provide 10 communities with concentrated technical assistance over three years in improving their systems for delivering integrated services to youth and adults with co-occurring disorders involved with the justice system. Use a variety of technical assistance methods, including workshops, and offsite and onsite technical assistance.
- Jail Diversion Sites. - In 1997 SAMHSA's CMHS and CSAT began its Criminal Justice Diversion of Individuals with Co-Occurring Mental Health and Substance Abuse Disorders program. The purpose of this initiative is to study projects that divert persons with co-occurring disorders from jail to community-based programs. The Co-Occurring and Justice Center will provide programmatic technical assistance to the nine SAMHSA study sites located in Phoenix, AZ; Hartford, CT; Honolulu, HI; Baltimore, MD; New York, NY; Eugene, OR; Portland, OR; Philadelphia, PA; and Memphis, TN. This technical assistance is expected to end September 30, 2001. In addition to supporting these nine sites, the Co-Occurring and Justice Center will expand the focus of this initiative to recommend diversion models for a limited number of other jurisdictions.
- General Local/State Technical Assistance - Provide limited offsite and onsite technical assistance on a wide range of topics including strategic planning, reviewing existing services, program implementation and operation, screening and assessment protocols, and cross training. In order to increase effectiveness, and minimize duplication of technical assistance services, the Co-Occurring and Justice Center should coordinate technical and training activities with other organizations and agencies that conduct similar technical assistance activities.

#### **Program Emphasis**

In general, the approaches described above will be used to address the entire secondary target population, namely all youth and adults with co-occurring disorders involved with the justice system. However, there are several areas and issues the Center must emphasize in its information development and technology transfer activities. They include:

*High Risk Youth* - Most current efforts with respect to youth are directed at interventions after youth have become involved with the justice system. There are few programs nationally that serve youth who have co-occurring disorders and are at high risk of becoming involved in the justice system. A small percentage of youth use a substantial percentage of our social service and justice resources. The Co-Occurring and Justice Center will identify and help define diversionary programming targeted at youth before they have any, or substantial, involvement with the justice

system.

*Specialty Courts* - Specialty Courts are increasingly becoming a factor for both youth and adults with co-occurring disorders involved with the justice system, and the grantee will provide technical assistance to these courts in order to promote appropriate programming for persons with co-occurring disorders. These courts include Mental Health Courts, Adult Drug Courts, Juvenile Drug Courts, and Family Drug Courts.

*Community-Based Linkages and “Aftercare” Services* - Upon release from jail or prison, or as part of a diversion program, a lack of adequate discharge planning protocols, including a lack of appropriate and integrated community-based services and supports, can leave clients without necessary support in the community. Discharge planning services, community-based linkages, and treatment programming after incarceration need to be improved.

*Youth and Adults* - Systemic and programmatic approaches for youth and adults with co-occurring disorders involved with the justice system are substantially different, and should be addressed by creating clearly distinct strategies for each target group.

*Gender Specific Approaches* - Gender differences in treatment for youth and adults with co-occurring disorders must be clearly articulated and addressed.

*Culturally and Ethnically Specific Approaches* - Cultural and ethnic differences in treatment for youth and adults with co-occurring disorders must be clearly articulated and addressed.

## **COOPERATIVE AGREEMENT ROLES**

### *Federal Staff - Project Officer*

This project requires substantial post award Federal programmatic participation. The CSAT project officer, who is the lead Federal staff on this cooperative agreement, will provide assistance and guidance to the grantee through each stage of the project, in addition to reviewing and approving each stage of the project. Between meetings of the Steering Committee (see below), the Project Officer will ensure implementation of the policies of the Steering Committee, as appropriate.

The Project Officer will provide direction to the grantee and will monitor grantee technical assistance efforts, including regularly observing and/or participating in trainings and meetings, and approving technical assistance requests. The Project Officer will conduct site visits regularly, and will author or co-author publications.

### *Federal Staff - Other Project Staff*

In addition to the Project Officer, other Federal project staff (i.e., CSAT and CMHS staff and Department of Justice staff from the National Institute of Corrections, the Office of Justice Programs, and the Office of Juvenile and Delinquency Prevention) shall play a key role in this cooperative agreement. They will participate on the Steering Committee, provide technical assistance in implementing program activities throughout the course of the program, advise the Federal Project Officer, and author or co-author publications to disseminate program findings.

### *Role of the Grantee*

The grantee is expected to cooperate fully with the Project Officer in the implementation and evaluation of the project. Activities include compliance with all aspects of the terms and conditions of the cooperative agreement; cooperation with the Project Officer in accepting guidance and responding to requests for data; participation on the Steering Committee and other working groups established to facilitate accomplishment of the projects goals; development of systems for prioritizing who receives the services provided by the grantee; and authorship or co-authorship of publications to make results of the project available.

### *Role of the Steering Committee*

The Steering Committee will provide assistance and guidance to the grantee through each stage of the project. Activities will include guidance in the development of workplans. Federal staff from all involved agencies on the Steering Committee will also provide guidance to the Government Project Officer at each Steering Committee meeting. The Steering Committee will be composed of one representative from the grantee; up to three representatives from CMHS; up to three representatives from CSAT; and one representative each from the following components of the Department of Justice: the National Institute of Corrections, the Office of Justice Programs, and the Office of Juvenile Justice and Delinquency Prevention. The Steering Committee may choose to expand or modify its membership depending upon changes in Federal member participation and sponsorship. The grantee is expected to cooperate fully with the Steering Committee in the implementation and evaluation of the project. The Steering Committee will meet bi-monthly, and set its own meeting dates.

### **Evaluation / Measures**

The Co-Occurring and Justice Center is designed to provide products and services to professionals who, in turn, plan and provide services to the secondary target population. Therefore, the Co-Occurring and Justice Center will not directly serve persons with co-occurring disorders. Hence, instead of focusing on outcome data for recipients of direct services (for example, screening, intervention, treatment, or diversion), the focus of the evaluation will be on fidelity of the implementation to programmatic needs, products the Co-Occurring and Justice Center develops, services it provides, and its impact on positive change with respect to justice system contacts with

the secondary target population, customer satisfaction, and measures of changes in service delivery systems.

### **Section III - PROJECT REQUIREMENTS**

**Project Summary:** In 5 lines or fewer, 72 characters per line, applicants must provide a summary for later use in publications, reporting to Congress, press releases, etc., should the application be funded. This may be the first 5 lines of the Project Abstract.

All applicants must provide the information specified below under the proper section heading. The information requested relates to the individual review criteria in Section IV of the GFA. Applicants should carefully review and consider the information provided in Section II when responding to this section.

#### **A. PROJECT DESCRIPTION**

##### **Statement of the Problem**

Specify the issues to be addressed by your proposed project. This statement should emphasize the primary target population, and the issues identified should be relevant to the program goals and the primary target population. Provide a descriptive background of the problem, so that it is clear your experience with this problem is substantial and your perception of the problem is well-grounded. Demonstrate a need to resolve the issues and describe prior attempts by you or others to address them. Detail the effects of the issues, and the impact and costs of not solving them in terms of resources and the negative effects on the primary target population, as well as the secondary target population, and society in general. Provide a relevant literature review, supporting documentation, and data that reflect the current state of knowledge.

##### **Target Populations**

As described in Section II, this GFA has primary and secondary target populations. Separately describe the primary and secondary target population(s) whose needs are to be addressed by the proposed project. Summarize the needs of the primary and secondary target populations.

If any populations are excluded from consideration for participation in the proposed project, specify them and justify the exclusion in detail. Please see SAMHSA's Population Inclusion Requirement in Part II.

##### **Purpose and Goals**

Provide a discussion of the proposed project. Show the logical progression from overall purpose(s) through goals and objectives to final results and products. Intermediate and final elements should indicate essential project components and activities, types of resources allocated

to them, measures associated with them, and relationships with final results and products. The narrative statement of the goals and objectives should demonstrate a clear relationship to the problem being addressed. Describe the contributions to the field should the project be successful, including innovations and/or the expansion of system and service capacity.

## **B. PROJECT PLAN**

### **Design**

Describe and justify the project approach. The project approach should include, but is not limited to, the following elements and issues.

- Comprehensive technology transfer and technical assistance strategies that provide information and develop skills in ways that cause people and organizations to change their behaviors and practices, including, but not limited to:
  - S product development and dissemination;
  - S best practice identification and communication;
  - S web sites;
  - S mentor systems and sites;
  - S training modules, and training of trainers;
  - S regional forums;
  - S leveraging resources and increasing impact through collaboration with national professional associations and all other organizations working on the topic of this GFA; and
  - S individualized technical assistance.
- The application of public health treatment models and principles to the justice environment, including knowledge dissemination methods to identify youth with co-occurring disorders with a high risk of becoming involved with the justice system, and methods of intervention and treatment services to prevent involvement with the justice system.
- The application of public health treatment models and principles to the justice environment, methods to divert youth and adults with co-occurring disorders in the justice system away from the system, and to minimize involvement when diversion is not possible.
- The application of public health treatment models and principles to the justice environment, methods to improve the delivery of services to youth and adults with co-occurring disorders who are in contact with the justice system.

- Strategies for involving the primary and secondary target populations, and key stakeholders, in the design of the project; how they will participate, and how their participation will be ensured throughout the implementation of the project.

State how the needs of the target populations will be met with the proposed project approach. Detail how the project approach will appropriately address age, race/ethnic, cultural, language, sexual orientation, disability, literacy, and gender issues in the proposed activities.

## **Evaluation**

The primary purposes of the evaluation are to:

- assess impacts of technology transfer activities by the applicant on successfully bridging gaps between current knowledge and information, and effects on the actual practice of the primary target populations and the systems they work in;
- learn which knowledge application methods are effective for which target populations.

### *Evaluation Methodology*

Applying principles of public health program evaluation, the applicant will propose a strategy to evaluate the performance of activities conducted. Under this GFA no direct client outcome data will be collected. Clients are part of the secondary target population who benefit from increased skills of the primary target population of this GFA, namely governmental and non-governmental professionals at the Federal, State, and local levels who are responsible for planning and providing substance abuse and mental health services for youth and adults involved with the justice system. The evaluation will focus on the impacts on this primary target population caused by the activities of the successful applicant. Several issues may be considered when describing and justifying the evaluation design, including, but not limited to:

- providing strategies to involve Co-Occurring and Justice Center clients, representatives of the primary and secondary target populations in developing and implementing plans to evaluate performance of the project;
- how training and other technology transfer techniques provided to the primary target population succeed in conveying an understanding of, and effective implementation of, programmatic and systems approaches with the ultimate effect of:
  - S preventing and/or minimizing contact with the justice system by the secondary target population; and
  - S providing effective substance abuse and mental health programming for the secondary target population;
- addressing impacts, including barriers and facilitators, on both the primary and secondary target groups;

- how systems, programs, and procedures at the community level have been changed as a result of grantee activities; and
- describing the measures to be used and the applicability to specific methods of knowledge application and dissemination.

### *Data Collection and Analyses*

In discussing the data collection and analysis strategy, the applicant should:

- describe approaches to be employed, for example, qualitative and quantitative evaluation data collection, or capture and analysis of unsolicited feedback;
- specify implementation methods, for example interviews, key informant interviews, questionnaires, focus groups, participant surveys, and on-site technical assistance;
- justify the cultural appropriateness of proposed measures;
- provide a data analysis plan;
- delineate planned linkages between evaluation results and evolution of Co-Occurring and Justice Center initiatives, for example, leveraging of resources of State, regional and local agencies; and
- describe how findings will be reported, including to decision makers who are unfamiliar with the Co-Occurring and Justice Center.

## **C. PROJECT MANAGEMENT: IMPLEMENTATION PLAN, ORGANIZATION, STAFF, EQUIPMENT/FACILITIES, BUDGET, AND OTHER SUPPORT**

### **Implementation Plan**

The applicant must present a plan for the implementation of the project including:

- how multi-agency and/or -system arrangements will be implemented and managed;
- how staff will be recruited and selected;
- a schedule and timeline of activities, events, reports, and products, including target dates and person(s) responsible; and
- the organization of the project with comments on any changes that are likely to occur as the project goes forward.

If sub-contracts and multi-agency collaborations are part of the proposed project, the applicant must demonstrate and document the practicality, adequacy and appropriateness of these



arrangements.

### **Organization Capability**

The applicant must include a specific, detailed description of its organizational capability and experience with:

- collecting and organizing complex information,
- preparing a wide range of publications,
- knowledge dissemination and technology transfer,
- technical assistance focused on governmental and/or non-governmental professionals,
- multi-system improvement and change strategies and methods, and
- program interventions used with youth and adults with co-occurring disorders involved with the justice system.

This experience must be quantitatively described whenever possible. If sub-contractors are involved, describe their organizational capability separately, and explain how the sub-contractors enhance the overall capability of the team. The application must show evidence of prior collaboration, where applicable, with other agencies, institutes, non-profits, Tribal Councils, National Tribal Organizations, universities, clinics, or other organizations

### **Staff and Staffing Plans**

The applicant must provide a detailed staffing plan for the project, showing an organizational chart, and roles and responsibilities. Include staff, consultants, sub-contractors, and collaborating agencies. Discuss the qualifications/experience of the project director and other key staff, consultants, and subcontractors, providing job descriptions and resumes for persons identified for the project. The plan must address cultural competence of the project staff.

### **Equipment and Facilities**

The applicant must describe facilities and equipment that will be made available to the project, and any equipment that will have to be procured for the project. Equipment and facilities must be shown to be adequate for the proposed project activities, accessible to the target populations and conducive to their utilization in terms of the culture and concerns of the target populations.

## **Budget and Other Support**

The applicant must include a line-item budget according to the instructions in Part II. The travel budget category must include a line item for a minimum of three persons to travel to Washington 6 times each year for one day for Steering Committee meetings.

The applicant must describe any other support for the project (e.g., program income, in-kind services or other resources). Provide the value for each such support element, and include these values in the budget presentation, if appropriate.

(Exhibits for this section (e.g., timelines, organization/staffing/flow charts, etc.) must be included in Appendix 1 of the application.)

## **POST AWARD REQUIREMENTS**

*Written Reports* - The grantee must submit a quarterly written report. The fourth quarterly report of each year will be an annual report and will cover the entire year. A final report is also required, summarizing project progress, problems, alterations in approaches used, and involvement of target populations. The Government Project Officer will provide the format for the report.

*SAMHSA Project* - All activities and documents must clearly communicate that these activities and documents are the result of this SAMHSA-funded program. The Government Project Officer will provide specific guidance for complying with this requirement.

*Government Performance and Results Act* - The Government Performance and Results Act (GPRA) requires *all* Federal agencies to regularly conduct evaluations of their programs. For purposes of reporting under GPRA, all activities in SAMHSA have been divided into four broad programmatic goals, as specified in Appendix A. The scope of activities under this GFA corresponds primarily to the goal: “Bridge the gap between research and practice.”

In addition, SAMHSA shares responsibility with other Federal agencies for reducing health and social costs associated with substance abuse. Goals and objectives that are pertinent to this GFA are also included in Appendix A - CSAT’s GPRA Strategy. The Steering Committee will address issues pertaining to reporting the number of events, type of events (for example, technical assistance or training), satisfaction with these events, utility of the information delivered in these events, adoption of change in programs as a result of attending these events, and whether materials are shared from these events. The grantee will collect information necessary to meet these requirements, and will prepare documentation required to obtain any necessary approvals.

All planned products must be delivered to, and approved by, CSAT by the end of the project term, including all project data.

## Section IV - REVIEW OF APPLICATIONS

### GUIDELINES

Applications submitted in response to this GFA will be reviewed for scientific/technical merit in accordance with established PHS/SAMHSA review procedures outlined in the Review Process section of Part II. Applicants must review the Special Considerations/Requirements and Application Procedures sections that follow, as well as the guidance provided in Part II, before completing the application.

**The review criteria A-C below correspond to subsections A-C in Section III above to assist in the application process. Reviewers will respond to each review criterion on the basis of the information provided in Section III by the applicants. Therefore it is important for applicants to follow carefully the outline, headings, and subheadings when providing the requested information.**

Applications will be reviewed and evaluated according to the review criteria that follow. The points noted for each criterion indicate the maximum number of points the reviewers may assign to that criterion if the application is considered to have sufficient merit for scoring. **The bulleted statements that follow each review criterion do not have weights.** The assigned points will be used to calculate a raw score that will be converted to the official priority score.

Peer reviewers will be instructed to review and evaluate each relevant criterion in relation to cultural competence. Points will be deducted from applications that do not adequately address the cultural aspects of the criteria. (See Appendix D in Part II, for guidelines that will be used to assess cultural competence.)

### REVIEW CRITERIA

#### A. Project Description (20 points)

##### *Statement of the Problem*

- The problem is adequately defined and evidenced by supportive data. This statement should emphasize problems for the primary target population, and the issues identified should be relevant to the program goals and the primary target population.
- The need to resolve the problem is demonstrated.
- Attempts by the applicant and/or others to address the problem are described.

- The effects of the problem, and the impact and costs of not solving the problem in terms of resources and the negative effects on the primary target population, as well as the secondary target population, and society in general are described.

### *Target Populations*

- The primary and secondary target populations are clearly defined and appropriate, with the narrative focusing on the primary target populations. If applicable, the extent to which adequate justification for exclusion of certain populations was demonstrated.

### *Purpose and Goals*

- The applicant demonstrates an understanding of the goals and objectives as defined in the GFA.
- The purpose and goals of the work to be performed through the Cooperative Agreement are clearly defined, showing a logical progression from overall purpose(s) through goals and objectives to final results and products.
- The proposed project purpose moves to resolution or resolves the Stated problem, including an understanding of the substance abuse, mental health, and justice issues related to the secondary target population.
- The proposed project goal(s) will support meaningful and relevant results.
- The achievement of those goals would advance the field, be assessed as innovative, and/or expand capacity.

## **B. Project Plan (40 Points)**

### *Design*

- The proposed study design addresses the program's and proposed project's plans and goals.
- Comprehensive technology transfer and technical assistance strategies are proposed that provide information and develop skills in ways that cause people and organizations to change their behaviors and practices.
- In its proposed technology transfer strategies, the applicant has information and training content that, applying public health models and principles to the justice environment:
  - S uses methods to identify youth with co-occurring disorders with a high risk of becoming involved, or substantially involved, with the justice system, and

- identifies intervention and treatment services to prevent involvement with the justice system;
  - S uses methods to divert youth and adults with co-occurring disorders in the justice system away from the system, and to minimize involvement when diversion is not possible; and
  - S uses methods to improve the delivery of services to youth and adults with co-occurring disorders who are in contact with the justice system.
- The applicant uses strategies for involving the primary and secondary target populations, and key stakeholders, in the initial design of the project, and describes how they will participate throughout the implementation of the project.
- The applicant demonstrates how the needs of the target populations will be met with the proposed project approach. The applicant details how the project approach will appropriately address age, race/ethnic, cultural, language, sexual orientation, disability, literacy, and gender issues in the proposed activities.
- The program approach demonstrates an understanding of the state-of-the-art solutions for the defined problem.

## **Evaluation**

### *Evaluation Methodology*

- The applicant provides an evaluation approach that:
  - S provides strategies to involve Co-Occurring and Justice Center primary clients, representatives of the secondary target population and key stakeholders in developing and implementing plans to evaluate performance of the project;
  - S describes how training and other technology transfer techniques provided to the primary target population implements programmatic and systems approaches;
  - S addresses impacts, including barriers and facilitators, on the primary target population targeted groups;
  - S describes how systems, programs, and procedures at the community level have been changed as a result of grantee activities; and
  - S describes evaluation measures to be used, and discusses their applicability to specific methods of knowledge application and dissemination.

### *Data Collection and Analyses*

- The applicant provides a data collection and analytical approach that:
  - S describes proposed data collection methods that are appropriate to the needs and characteristics of the target populations; and

- S details the proposed analytic plan, and describes the linkages between evaluation results and evolution of Co-Occurring and Justice Center initiatives.

**C. Project Management: Implementation Plan, Organization, Staff, Equipment / Facilities, Budget, and Other Support (40 Points)**

*Implementation Plan*

- The proposed plan implements the design and is timely, feasible, achievable, and realistic.
- The implementation plan includes:
  - S how multi-agency and/or multi-system arrangements will be implemented and managed;
  - S how staff will be recruited and selected;
  - S a schedule and timeline of activities, events, reports, and products, including target dates and person(s) responsible; and
  - S if sub-contracts and multi-agency collaborations are part of the proposed project, documentation of the practicality, adequacy and appropriateness of these arrangements.

*Organization Capability*

- The applicant demonstrates experience with:
  - S collecting and organizing complex information,
  - S preparing a wide range of publications,
  - S knowledge dissemination and technology transfer,
  - S technical assistance focused on governmental and/or non-governmental professionals,
  - S multi-system improvement and change strategies and methods, and
  - S program interventions used with youth and adults with co-occurring disorders involved with the justice system.
- The applicant describes the organizational capability of any sub-contractors, and the extent to which the sub-contractors enhance the overall capability of the team.
- Evidence of collaboration, where applicable, with other agencies, institutes, non-profits, Tribal Councils, National Tribal Organizations, universities, clinics, or other organizations is provided.

*Staff and Staffing Plans*

- The proposed staffing pattern is appropriate and adequate for implementation of the project.
- The strength of the qualifications and experience of the project director, and other key

personnel, including proposed consultants and subcontractors is described.

- Staff qualifications and experience are appropriate for the target population.
- Staff qualifications demonstrate cultural competence to ensure sensitivity to language, age, gender, race/ethnicity, sexual orientation, and other cultural factors related to the primary and secondary target populations.

#### *Equipment and Facilities*

- Adequacy and availability of resources, equipment, and facilities for the proposed project activities.

#### *Budget and Other Support*

- Adequacy of additional resources not budgeted for that will be utilized to implement this project, if applicable.

Note: Although the reasonableness and appropriateness of the proposed budget for each year of the proposed project are not review criteria for this GFA, the IRG will be asked to consider these after the merits of the applications have been considered.

## **Section V. SPECIAL CONSIDERATIONS / REQUIREMENTS**

SAMHSA's policies and special considerations/requirements related to this program include:

- Population Inclusion Requirement
- Government Performance Monitoring
- Healthy People 2000 (The Healthy People 2000 priority area(s) related to this program are: Alcohol and Other Drug Abuse and Mental Health and Mental Disorders.)
- Consumer Bill of Rights
- Promoting Nonuse of Tobacco
- Letter of Intent
- Coordination with Other Federal/Non-Federal Programs (put documentation in Appendix 2)
- Single State Agency Coordination (put documentation in Appendix 3)
- Intergovernmental Review (E.O. 12372)
- Confidentiality/SAMHSA Participant Protection

Specific guidance and requirements for the application related to these policies and special considerations/requirements can be found in Part II in the section by the same name.

## **Section VI- APPLICATION PROCEDURES**

All applicants must use application form PHS 5161-1 (Rev. 6/99), which contains Standard Form 424 (face page). The following must be typed in Item Number 10 on the face page of the application form:

**TI 00-007, Co-Occurring and Justice Center**

For more specific information on where to obtain application materials and guidelines, see the Application Procedures section in Part II. Completed applications must be sent to the following address.

SAMHSA Programs  
5600 Fishers Lane  
Room 17-89  
Rockville, MD 20857

Complete application kits for this program may be obtained from the National Clearinghouse for Alcohol and Drug Information (NCADI), phone number: 800-729-6686 . The address for NCADI is provided in Part II.

**APPLICATION RECEIPT AND REVIEW SCHEDULE**

The schedule for receipt and review of applications under this GFA is as follows:

<u>Receipt Date</u>	<u>IRG Review</u>	<u>Council Review</u>	<u>Earliest Start Date</u>
July 21, 2000	August, 2000	September, 2000	September, 2000

Applications must be received by the above receipt date to be accepted for review. An application received after the deadline may be acceptable if it carries a legible proof-of-mailing date assigned by the carrier and the proof-of-mailing date is not later than 1 week prior to the deadline date. Private metered postmarks are not acceptable as proof of timely mailing. (NOTE: These instructions replace the "Late Applications" instructions found in the PHS 5161-1.)

**CONSEQUENCES OF LATE SUBMISSION**

Applications received after the above receipt date will not be accepted and will be returned to the applicant without review.



## APPLICATION REQUIREMENTS / COMPONENTS CHECK LIST

All applicants must use the Public Health Service (PHS) Grant Application form 5161-1 (Rev. 6/99) and follow the requirements and guidelines for developing an application presented in Part I Programmatic Guidance and Part II General Policies and Procedure Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements.

The application should provide a comprehensive framework and description of all aspects of the proposed project. It should be written in a manner that is self-explanatory to reviewers unfamiliar with the prior related activities of the applicant. It should be succinct and well organized, should use section labels that match those provided in the table of contents for the Program Narrative that follows, and must contain all the information necessary for reviewers to understand the proposed project.

To ensure that sufficient information is included for the technical merit review of the application, the Programmatic Narrative section of application must address, but is not limited to, issues raised in the sections of this document entitled:

- Section II. Program Description
- Section III. Project Requirements
- Section IV. Review of Applications

Note: It is requested that on a separate sheet of paper the name, title, and organization affiliation of the individual who is primarily responsible for writing the application be provided. Providing this information is voluntary and will in no way be used to influence the acceptance or review of the application. When submitting the information, please insert the completed sheet behind the application face page.

A **COMPLETE** application consists of the following components **IN THE ORDER SPECIFIED BELOW**. A description of each of these components can be found in Part II.

\_\_\_FACE PAGE FOR THE PHS 5161-1 (Standard Form 424 - See Appendix A in Part II for instructions.)

\_\_\_OPTIONAL INFORMATION ON APPLICATION WRITER (See note above)

\_\_\_ABSTRACT (not to exceed 35 lines)

\_\_\_TABLE OF CONTENTS (include page numbers for each of the major sections of the Program Narrative, as well as for each appendix)

\_\_\_BUDGET FORM (Standard Form 424A - See Appendix B in Part II for instructions.)

\_\_\_PROGRAM NARRATIVE (The information requested for sections A-C of the Program Narrative is discussed in the subsections with the same titles in Section III - Project Requirements, and Section IV -Review of Applications. **Sections A-C may not exceed 25 single-spaced pages. Applications exceeding these page limits will not be accepted for review and will be returned to the applicant.)**

- \_\_\_A. Project Description: Statement of the Problem, Target Populations, Purpose and Goals
- \_\_\_B. Project Plan: Design, Evaluation, Data Collection, and Analyses
- \_\_\_C. Project Management: Implementation Plan, Organization Capability, Staff, Equipment/Facilities, Budget, and Other Support

**There are no page limits for the following sections D-G except as noted in F. Biographical Sketches/Job Descriptions. Sections D-G will not be counted toward the 25 page limitation for sections A-C.**

- \_\_\_D. Literature Citations (This section must contain complete citations, including titles and all authors, for literature cited in the application.)
- \_\_\_E. Budget Justification/Existing Resources/Other Support

\_\_\_Sections B, C, and E of the Standard Form 424A must be filled out according to the instructions in Part II, Appendix B.

\_\_\_A line item budget and specific justification in narrative form for the first project year's direct costs AND for each future year must be provided. For contractual costs, provide a similar yearly breakdown and justification for ALL costs (including overhead or indirect costs).

\_\_\_All other resources needed to accomplish the project for the life of the grant (e.g., staff, funds, equipment, office space) and evidence that the project will have access to these, either through the grant or, as appropriate, through other resources, must be specified.

Other Support ("Other Support" refers to all current or pending support related to this application. Applicant organizations are reminded of the necessity to provide full and reliable information regarding "other support," i.e., all Federal and non-Federal active or pending support. Applicants should be cognizant that serious consequences could result if failure to provide complete and accurate information is construed as misleading to the PHS and could, therefore, lead to delay in the processing of the application. In signing the face page of the application, the authorized representative of the applicant organization certifies that the application information is accurate and complete.

For your organization and key organizations that are collaborating with you in this proposed project, list all currently active support and any applications/proposals

pending review or funding that relate to the project. If there are none, State "none."  
For all active and pending support listed, also provide the following information:

1. Source of support (including identifying number and title).
2. Dates of entire project period.
3. Annual direct costs supported/requested.
4. Brief description of the project.
5. Whether project overlaps, duplicates, or is being supplemented by the present application; delineate and justify the nature and extent of any programmatic and/or budgetary overlaps.

\_\_\_F. Biographical Sketches/Job Descriptions

A biographical sketch must be included for the project director and for other key positions. Each of the biographical sketches must not exceed **2 pages** in length. In the event that a biographical sketch is included for an individual not yet hired, a letter of commitment from that person must be included with his/her biographical sketch. Job descriptions for key personnel must not exceed **1 page** in length. The suggested contents for biographical sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.

\_\_\_G. Confidentiality/SAMHSA Participant Protection

The information provided in this section will be used to determine whether the level of protection of participants appears adequate or whether further provisions are needed, according to SAMHSA Participant Protection (SPP) standards. Adequate protection of participants is an essential part of an application and will be considered in funding decisions.

Projects proposed under this announcement may expose participants to risks in as many ways as projects can differ from each other. Following are some examples, but they do not exhaust the possibilities. Applicants should report in this section any foreseeable risks for project participants, and the procedures developed to protect participants from those risks, as set forth below. **Applicants should discuss how each element will be addressed, or why it does not apply to the project.**

Note: So that the adequacy of plans to address protection of participants, confidentiality, and other ethical concerns can be evaluated, the information requested below, which may appear in other sections of the narrative, should be included in this section of the application as well.

1. Protection from Potential Risks:

- S Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects, besides the confidentiality issues addressed below, which are due either to participation in the project itself, or to the evaluation activities.
- S Where appropriate, describe alternative treatments and procedures that might be advantageous to the subjects and the rationale for their nonuse.
- S Describe the procedures that will be followed to minimize or protect participants against potential risks, including risks to confidentiality.
- S Where appropriate, specify plans to provide needed professional intervention in the event of adverse effects to participants.

2. Equitable selection of participants:

Target population(s):

Describe the sociodemographic characteristics of the target population(s) for the proposed project, including age, gender, racial/ethnic composition, and other distinguishing characteristics (e.g., homeless youth, foster children, children of substance abusers, pregnant women, institutionalized individuals, or other special population groups).

Recruitment and Selection:

- (a) Specify the criteria for inclusion or exclusion of participants and explain the rationale for these criteria.
- (b) Explain the rationale for the use of special classes of subjects, such as pregnant women, children, institutionalized mentally disabled, prisoners, or others who are likely to be vulnerable.
- (c) Summarize the recruitment and selection procedures, including the circumstances under which participation will be sought and who will seek it.

3. Absence of Coercion:

- (a) Explain whether participation in the project is voluntary or mandatory. Identify any potentially coercive elements that may be present (e.g., court orders mandating individuals to participate in a particular intervention or treatment program).
- (b) If participants are paid or awarded gifts for involvement, explain the

remuneration process.

(c) Clarify how it will be explained to volunteer participants that their involvement in the study is not related to services and the remuneration will be given even if they do not complete the study.

4. Appropriate Data Collection:

(a) Identify from whom data will be collected (e.g., participants themselves, family members, teachers, others) and by what means or sources (e.g., school records, personal interviews, written questionnaires, psychological assessment instruments, observation).

(b) Identify the form of specimens (e.g., urine, blood), records, or data. Indicate whether the material or data will be obtained specifically for evaluative/research purposes or whether use will be made of existing specimens, records, or data. Also, where appropriate, describe the provisions for monitoring the data to ensure the safety of subjects.

(c) Provide, in Appendix No. 4, entitled "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that will be used or proposed to be used in the case of cooperative agreements.

5. Privacy and Confidentiality:

Specify the procedures that will be implemented to ensure privacy and confidentiality, including by whom and how data will be collected, procedures for administration of data collection instruments, where data will be stored, who will/will not have access to information, and how the identity of participants will be safeguarded (e.g., through the use of a coding system on data records; limiting access to records; storing identifiers separately from data).

Note: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records in accordance with the provisions of Title 42 of the Code of Federal Regulations, Part 2 (42 CFR, Part 2).

6. Adequate Consent Procedures:

(a) Specify what information will be provided to participants regarding the nature and purpose of their participation; the voluntary nature of their participation; their right to withdraw from the project at any time, without prejudice; anticipated use

of data; procedures for maintaining confidentiality of the data; potential risks; and procedures that will be implemented to protect participants against these risks.

(b) Explain how consent will be appropriately secured for youth, elderly, low literacy and/or for those who English is not their first language.

Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, awardees may be required to obtain written informed consent.

(c) Indicate whether it is planned to obtain informed consent from participants and/or their parents or legal guardians, and describe the method of documenting consent. For example: Are consent forms read to individuals? Are prospective participants questioned to ensure they understand the forms? Are they given copies of what they sign?

Copies of sample (blank) consent forms should be included in Appendix No. 5, entitled "Sample Consent Forms." If appropriate, provide English translations.

Note: In obtaining consent, no wording should be used that implies that the participant waives or appears to waive any legal rights, is not free to terminate involvement with the project, or releases the institution or its agents from liability for negligence.

(d) Indicate whether separate consents will be obtained for different stages or aspects of the project, and whether consent for the collection of evaluative data will be required for participation in the project itself. For example, will separate consent be obtained for the collection of evaluation data in addition to the consent obtained for participation in the intervention, treatment, or services project itself? Will individuals not consenting to the collection of individually identifiable data for evaluative purposes be permitted to participate in the project?

7. Risk/Benefit Discussion:

Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to subjects and in relation to the importance of the knowledge that may reasonably be expected to result.

\_\_\_APPENDICES (Only the appendices specified below may be included in the application. **These appendices must not be used to extend or replace any of the required sections of the Program Narrative.** The total number of pages in the appendices **CANNOT EXCEED 30 PAGES**, excluding all instruments.)

- \_\_\_Appendix 1: Organizational Structure/Timeline/Staffing Patterns Exhibits
- \_\_\_Appendix 2: Coordination with Other Federal/Non-Federal Programs
- \_\_\_Appendix 3: Letter to Single State Agencies

- \_\_\_Appendix 4: Data Collection Instruments/Interview Protocols
- \_\_\_Appendix 5: Sample Consent Forms

\_\_\_ASSURANCES NON-CONSTRUCTION PROGRAMS (STANDARD FORM 424B)

\_\_\_CERTIFICATIONS

\_\_\_DISCLOSURE OF LOBBYING ACTIVITIES

\_\_\_CHECKLIST PAGE (See Appendix C in Part II for instructions)

## **TERMS AND CONDITIONS OF SUPPORT**

For specific guidelines on terms and conditions of support, allowable items of expenditure and alterations and renovations, applicants must refer to the sections in Part II by the same names. In addition, in accepting the award the Grantee agrees to provide SAMHSA with GPRA data.

### Reporting Requirements

For the SAMHSA policy and requirements related to reporting, applicants must refer to the Reporting Requirements section in Part II.

### Lobbying Prohibitions

SAMHSA's policy on lobbying prohibitions is applicable to this program; therefore, applicants must refer to the section in Part II by the same name.

## **AWARD DECISION CRITERIA**

Applications will be considered for funding on the basis of their overall technical merit as determined through the IRG, and the CSAT and CMHS National Advisory Councils review process.

Other award criteria will include:

- Availability of funds.

## **CONTACTS FOR ADDITIONAL INFORMATION**

Questions concerning program issues may be directed to:

Bruce Fry, Project Officer  
Division of Practice and Systems Development  
Center for Substance Abuse Treatment  
Substance Abuse and Mental Health Services Administration

Rockwall II, Suite 740,  
5600 Fishers Lane  
Rockville, MD 20857  
(301) 443-0128

Questions regarding grants management issues may be directed to:

Christine Chen, Director  
Division of Grants Management, OPS  
Substance Abuse and Mental Health Services Administration  
Rockwall II, Suite 630  
5600 Fishers Lane  
Rockville, MD 20857  
(301) 443-8926



## APPENDIX A -CSAT's GPRA STRATEGY

### OVERVIEW

The Government Performance and Results Act of 1993 (Public Law 103-62) requires all Federal departments and agencies to develop strategic plans that specify what they will accomplish over a three to five year period, to annually set performance targets related to their strategic plan, and to annually report the degree to which the targets set in the previous year were met. In addition, agencies are expected to regularly conduct evaluations of their programs and to use the results of those evaluations to “explain” their success and failures based on the performance monitoring data. While the language of the statute talks about separate Annual Performance Plans and Annual Performance Reports, ASMB/HHS has chosen to incorporate the elements of the annual reports into the annual President’s Budget and supporting documents. The following provides an overview of how the Center for Substance Abuse Treatment, in conjunction with the Office of the Administrator/SAMHSA, CMHS, and CSAP, are addressing these statutory requirements.

### DEFINITIONS

Performance Monitoring	The ongoing measurement and reporting of program accomplishments, particularly progress towards preestablished goals. The monitoring can involve process, output, and outcome measures.
Evaluation	Individual systematic studies conducted periodically or “as needed” to assess how well a program is working and why particular outcomes have (or have not) been achieved.
Program	For GPRA reporting purposes, a set of activities that have a common purpose and for which targets can (will) be established. <sup>1</sup>
Activity	A group of grants, cooperative agreements, and contracts that together are directed toward a common objective.
Project	An individual grant, cooperative agreement, or contract.

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<sup>1</sup>GPRA gives agencies broad discretion with respect to how its statutory programs are aggregated or disaggregated for GPRA reporting purposes.

## CENTER (OR MISSION) GPRA OUTCOMES

The mission of the Center for Substance Abuse Treatment is to support and improve the effectiveness and efficiency of substance abuse treatment services throughout the United States. However, it is not the only agency in the Federal government that has substance abuse treatment as part of its mission. The Health Care Financing Administration, Department of Veterans Affairs, and the Department of Justice all provide considerable support to substance abuse treatment. It shares with these agencies responsibility for achieving the objectives and targets for Goal 3 of the Office of National Drug Control Policy's Performance Measures of Effectiveness:

Reduce the Health and Social Costs Associated with Drug Use.

Objective 1 is to support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse. The individual target areas under this objective include reducing the treatment gap (Goal 3.1.1), demonstrating improved effectiveness for those completing treatment (Goal 3.1.2), reducing waiting time for treatment (Goal 3.1.3), implementing a national treatment outcome monitoring system (Goal 3.1.4), and disseminating treatment information (Goal 3.1.5). Objective 4 is to support and promote the education, training, and credentialing of professionals who work with substance abusers.

CSAT will be working closely with the OAS/SAMHSA, ONDCP, and other Federal demand reduction agencies to develop annual targets and to implement a data collection/information management strategy that will provide the necessary measures to report on an annual basis on progress toward the targets presented in the ONDCP plan. These performance measures will, at an aggregate level, provide a measure of the overall success of CSAT's activities. While it will be extremely difficult to attribute success or failure in meeting ONDCP's goals to individual programs or agencies, CSAT is committed to working with ONDCP on evaluations designed to attempt to disaggregate the effects. With regard to the data necessary to measure progress, the National Household Survey on Drug Abuse (conducted by SAMHSA) is the principal source of data on prevalence of drug abuse and on the treatment gap. Assessing progress on improving effectiveness for those completing treatment requires the implementation of a national treatment outcome monitoring system (Target 3.1.4). ONDCP is funding an effort to develop such a system and it is projected in Performance Measures of Effectiveness to be completed by FY 2002.

Until then, CSAT will rely on more limited data, generated within its own funded grant programs, to provide an indication of the impact that our efforts are having in these particular target areas. It will not be representative of the overall national treatment system, nor of all Federal activities that could affect these outcomes. For example, from its targeted capacity expansion program (funded at the end of FY 1998), CSAT will present baseline data on the numbers of individuals treated, percent completing treatment, percent not using illegal drugs, percent employed, and percent engaged in illegal activity (i.e., measures indicated in the ONDCP targets) in its FY 2001 report with targets for future years. As the efforts to incorporate outcome indicators into the SAPT Block Grant are completed over the next several years, these will be

added to the outcomes reported from the targeted capacity expansion program.

In addition to these “end” outcomes, it is suggested that CSAT consider a routine customer service survey to provide the broadest possible range of customers (and potential customers) with a means of providing feedback on our services and input into future efforts. We would propose an annual survey with a short, structured questionnaire that would also include an unstructured opportunity for respondents to provide additional input if they so choose.

## CSAT’s “PROGRAMS” FOR GPRA REPORTING PURPOSES

All activities in SAMHSA (and, therefore, CSAT) have been divided into four broad areas or “programmatic goals” for GPRA reporting purposes:

- ! Goal 1: Assure services availability;
- ! Goal 2: Meet unmet and emerging needs;
- ! Goal 3: Bridge the gap between research and practice; and
- ! Goal 4: Enhance service system performance<sup>2</sup>

The following table provides the crosswalk between the budget/statutory authorities and the “programs”:

	KD&A	TCE	SAPTBG	NDC
Goal 1			X	
Goal 2		X		
Goal 3	X			
Goal 4			X	X

KD - Knowledge Development

SAPTBG - Substance Abuse Prevention and Treatment Block Grant

KA - Knowledge Application

TCE - Targeted Capacity Expansion

NDC - National Data Collection/Data Infrastructure

For each GPRA [program] goal, a standard set of output and outcome measures across all SAMHSA activities is to be developed that will provide the basis for establishing targets and reporting performance. While some preliminary discussions have been held, at this time there are

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<sup>2</sup>Goal 4 activities are, essentially, those activities that are funded with Block Grant set-aside dollars for which SAMHSA seeks a distinction in the budget process (i.e., National Data Collection/Data Infrastructure).

no agreed upon performance measures or methods for collecting and analyzing the data.<sup>3</sup> In the following sections, CSAT's performance monitoring plans for each of the programmatic areas are presented. It should be understood that they are subject to change as the OA and other Centers enter into discussion and negotiate final measures. In addition, at the end of the document, a preliminary plan for the use of evaluation in conjunction with performance monitoring is presented for discussion purposes.

## **1. ASSURE SERVICES AVAILABILITY**

Into this program goal area fall the major services activities of CSAT: the Substance Abuse Prevention and Treatment Block Grant. In FY 2000 the Block grant application was revised and approved by the Office of Management and Budget to permit the voluntary collection of data from the States. More specifically:

- Number of clients served (unduplicated)
- Increase % of adults receiving services who:
  - (a) were currently employed or engaged in productive activities;
  - (b) had a permanent place to live in the community;
  - (c) had no/reduced involvement with the criminal justice system.
- Percent decrease in
  - (a) Alcohol use;
  - (b) Marijuana use;
  - (c) Cocaine use;
  - (d) Amphetamine use
  - (e) Opiate use

In addition, in the Fall of 1999 a customer satisfaction survey was designed and approved for collection from each State on the level of satisfaction with Technical Assistance and Needs Assessment Services provided to the States. More specifically:

- Increase % of States that express satisfaction with TA provided
- Increase % of TA events that result in systems, program or practice improvements

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<sup>3</sup>Only measures of client outcomes have been developed and agreed to by each of the Centers. However, these measures are really only appropriate for "services" programs where the provision of treatment is the principal purpose of the activity (i.e., Goals 2 and 3). The client outcome measures will be presented under Goals 2 and 3.

## **2. MEET UNMET OR EMERGING NEEDS**

Into this program goal area fall the major services activities of CSAT: Targeted Capacity Expansion Grants. Simplistically, the following questions need to be answered about these activities within a performance monitoring context:

- ! Were identified needs met?
- ! Was service availability improved?
- ! Are client outcomes good (e.g., better than benchmarks)?

The client outcome assessment strategy mentioned earlier will provide the data necessary for CSAT to address these questions. The strategy, developed and shared by the three Centers, involves requiring each SAMHSA project that involves services to individuals to collect a uniform set of data elements from each individual at admission to services and 6 and 12 months after admission. The outcomes (as appropriate) that will be tracked using this data are:

- ! Percent of adults receiving services increased who:
  - a) were currently employed or engaged in productive activities
  - b) had a permanent place to live in the community
  - c) had reduced involvement with the criminal justice system
  - d) had no past month use of illegal drugs or misuse of prescription drugs
  - e) experienced reduced alcohol or illegal drug related health, behavior, or social consequences, including the misuse of prescription drugs
- ! Percent of children/adolescents under age 18 receiving services who:
  - a) were attending school
  - b) were residing in a stable living environment
  - c) had no involvement in the juvenile justice system
  - d) had no past month use of alcohol or illegal drugs
  - e) experienced reduced substance abuse related health, behavior, or social consequences.

These data, combined with data taken from the initial grant applications, will enable CSAT to address each of the critical success questions.

## **3. BRIDGE THE GAP BETWEEN RESEARCH AND PRACTICE**

This “program” or goal covers that set of activities that are knowledge development/research activities. Initially funded in FY1996, CSAT’s portfolio in this area currently includes multi-site grant and cooperative agreement programs, several of which are being conducted in collaboration with one or more of the other two Centers. These activities cover a broad range of substance abuse treatment issues including adult and adolescent treatment, treatments for marijuana and methamphetamine abuse, the impact of managed care on substance

abuse treatment, and the persistence of treatment effects. In FY1999, a general program announcement to support knowledge development activity will be added to the CSAT portfolio.

The purpose of conducting knowledge development activities within CSAT is to provide answers to policy-relevant questions or develop cost-effective approaches to organizing or providing substance abuse treatment that can be used by the field. Simplistically then, there are two criteria of success for knowledge development activities:

- ! Knowledge was developed; and
- ! The knowledge is potentially useful to the field.

While progress toward these goals can be monitored during the conduct of the activity, only after the research data are collected, analyzed, and reported can judgments about success be made.

CSAT proposes to use a peer review process, conducted after a knowledge development activity has been completed, to generate data for GPRA reporting purposes. While the details remain to be worked out, the proposal would involve having someone (e.g., the Steering Committee in a multi-site study) prepare a document that describes the study, presents the results, and discusses their implications for substance abuse treatment. This document would be subjected to peer review (either a committee, as is done for grant application review or “field reviewers”, as is done for journal articles). The reviewers would be asked to provide ratings of the activity on several scales designed to represent the quality and outcomes of the work conducted (to be developed).<sup>4</sup> In addition, input on other topics (such as what additional work in the area may be needed, substantive and “KD process” lessons learned, suggestions for further dissemination) would be sought. The data would be aggregated across all activities completed (i.e., reviewed) during any given fiscal year and reported in the annual GPRA report.

### **3.1 PROMOTE THE ADOPTION OF BEST PRACTICES**

This “program” involves promoting the adoption of best practices and is synonymous currently with Knowledge Application.<sup>5</sup> Within CSAT, these activities currently include the Product Development and Targeted Dissemination contract (to include TIPS, TAPS, CSAT by Fax, and Substance Abuse in Brief), the Addiction Technology Transfer Centers, and the National

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<sup>4</sup>The ratings would include constructs such as adherence to GFA requirements, use of reliable and valid methods, extent of dissemination activities, extent of generalizability, as well as the principal GPRA outcome constructs.

<sup>5</sup>Most, if not all, of the activities conducted under the rubric of technical assistance and infrastructure development are appropriately classified as activities supporting this program goal. Technical assistance activities within GPRA have not been discussed within CSAT. Further, at this time, SAMHSA has a separate program goal for infrastructure development (see “Enhance Service System Performance,” below).

Leadership Institute. In FY1999, the Community Action Grant program will be added and in FY2000, the Implementing Best Practices Grant program will be added.

Activities in this program have the purpose of moving “best practices,” as determined by research and other knowledge development activities, into routine use in the treatment system. Again simplistically, the immediate success of these activities can be measured by the extent to which they result in the adoption of a “best practice.”<sup>6</sup> In order to provide appropriate GPRA measures in this area, CSAT plans to require that all activities that contribute to this goal to collect information on the numbers and types of services rendered, the receipt of the service by the clients and their satisfaction with the services, and whether the services resulted in the adoption of a best practice related to the service rendered.

#### **4. ENHANCE SERVICE SYSTEM PERFORMANCE**

As described earlier, this programmatic goal is distinguished from “Promote the adoption of best practices” primarily by its reliance on the Block Grant set-aside for funding and the explicit emphasis on “systems” rather than more broadly on “services.” The CSAT activities that fall into this goal are the STNAP and TOPPS. While CSAT has established performance measures for these activities individually, it is waiting for SAMHSA to take the lead in developing SAMHSA-wide measures. In addition, CSAT continues to believe that this goal should be collapsed into the broader goal of “Promoting the adoption of best practices.”

#### **EVALUATIONS**

As defined earlier, evaluation refers to periodic efforts to validate performance monitoring data; to examine, in greater depth, the reasons why particular performance measures are changing (positively or negatively); and to address specific questions posed by program managers about their programs. These types of evaluation are explicitly described, and expected, within the GPRA framework. In fact, on an annual basis, the results of evaluations are to be presented and future evaluations described.

To date, CSAT has not developed any evaluations explicitly within the GPRA framework. The initial requirements will, of necessity, involve examinations of the reliability and validity of the performance measures developed in each of the four program areas. At the same time, it is expected that CSAT managers will begin to ask questions about the meaning of the performance monitoring data as they begin to come in and be analyzed and reported. This will provide the

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<sup>6</sup>Ultimately, the increased use of efficient and effective practices should increase the availability of services and effectiveness of the system in general. However, measures of treatment availability and effectiveness are not currently available. Within existing resources, it would not be feasible to consider developing a system of performance measurement for this purpose.

opportunity to design and conduct evaluations that are tied to “real” management questions and, therefore, of greater potential usefulness to CSAT. CSAT will be developing a GPRA support contract that permits CSAT to respond flexibly to these situations as they arise.

On a rotating basis, program evaluations will be conducted to validate the performance monitoring data and to extend our understanding of the impacts of the activities on the adoption of best practices.



## **APPENDIX B. REFERENCES**

1. Prison and Jail Inmates at Midyear 1998, Bureau of Justice Statistics, NCJ 173414, U.S. Department of Justice, 1999.
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